

## Form SFT-9T **Special Fuels Refund Application**

Mass. Turnpike Use, Special Fuels Excise, MGL Ch. 64E (for transactions occurring before July 31, 2013)

Massachusetts
Department of
Revenue

Must be filed on a calendar half-year basis. Application must be filled out in its entirety. Mail to: Massachusetts Department of Revenue, PO Box 7012, Boston, MA 02204.									
Name of applicant FID or	FID or Social Security number  City/Town			Telephone number					
Address City/To				Zip					
Period in which special fuels was used (check either or both):   January 1–June	30,; □	July 1-Decembe	r 31,						
Do you have storage facilities for special fuels? $\square$ Yes $\square$ No.									
Do you apply for any other motor fuel refund(s)? $\ \square$ Yes $\ \square$ No. If "Yes," indicate w	hich type(s):								
Do you owe any Massachusetts state taxes? $\square$ Yes $\square$ No.									
Tax Refund Computation. First in/first out basis must be used	I. Fuel should b	e entered as wh	nole gallons.						
Gallons of special fuels purchased as shown by attached original	a. Jan.–Mar.	b. AprJune	c. JulSep.	d. OctDec.					
purchase receipts									
<ul><li>3. Special fuels tax rate per gallon</li></ul>	\$ .21	\$ .21	\$ .21	\$ .21					
under \$1.00 is allowable	\$	\$	\$	\$					
Adjustment for use tax									
<b>5.</b> Cost of special fuels reported in line 2		\$	\$	\$					
<b>6.</b> Amount shown in line 4 above									
<b>7.</b> Amount subject to use tax. Subtract line 6 from line 5									
<b>8.</b> Use tax. Effective August 1, 2009, the use tax rate changed from 5% to 6.25% for quarterly filers after rate changes in the sales/use taxes. Multiply line 7 by applicable tax rate	6. See Example	2 in TIR 09-12 for	reporting rules						
9. Net refund. Subtract line 8 from line 49	\$	\$	\$	\$					
<b>10.</b> Total refund due. Add line 9, col's. a, b, c and d			10	\$					
Schedule on reverse side must be filled out in its entirety. Original further Supplier's name, address, quantity (in gallons) of special fuel purchased a	-	-	-						
ceipts will be returned if a written request accompanies the application. If amounts shown on purchase receipts or toll receipts, application will be d			e or change in	either dates or					
Fuel must be purchased on day of use or within three preceding days of t fuel into vehicle tank on day of use or within three preceding days of turns to entering the turnpike, do not include that travel for refund.									
Claim must be filed within two years of the date of purchase.									
Application subject to audit. Complete records must be kept three years for	or verification b	y a representati	ve of the Com	missioner.					
The undersigned applicant states under the penalties of perjury that correct and complete and that the undersigned has complied with all									
Signature of applicant or person authorized to sign		Da	te						

## **Computation Schedule**

Schedule must be filled out in its entirety. Enter each toll slip on a separate line. Check rate to be used in col. 8. For vehicles in Classes 1 and 2, check "15"; for vehicles in Classes 3 through 9, check "5." If more space is needed, attach additional computation schedules.

If fuel is purchased outside the Commonwealth prior to entering the turnpike, do not include that travel for refund.

col. 1	col. 2	col. 3	col. 4	col. 5	col. 6	col. 7	col. 8	col. 9
Date of fuel purchase or transfer	Date of toll receipt	Gallons purchased and/or placed in vehicle(s)	Toll si Entry Number	Exit Number	Mileage on turnpike (compute)	Vehicle class (copy from toll receipt)	Divide by rate (check rate used)	Gallons consumed (divide col. 6 by col. 8)
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		Tota	<b>al gallons.</b> Ad	d col. 9. Enter	here and in Tax	Refund Comp	utation, line 2	